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USU Student Folklore Fieldwork

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Fall 11-28-2018

## Special K Cookies

Glen Wright

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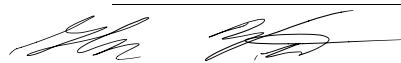
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Participant Signature  Date 12/15/2018

Printed Name of Participant Ashley Nielson

Parent/Guardian Signature (if participant is a minor) \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Parent/Guardian \_\_\_\_\_

Interviewer Signature  Date 11/15/18

Printed Name of Interviewer Glen Wright

Participant Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Participant Telephone ( ) \_\_\_\_\_ E-mail ashley.nielson.1@aggiemail.usu.edu

Restrictions: \_\_\_\_\_